Persons from the profession of Medicine have been pioneers in making systematic attempts to resolve the problems of mentally retarded people. This happened probably because medical science provided them with the answers to questions like: what is mental retardation; is it a disease in itself or a sequel to some mental and physical disease or health experience. Having learnt and realized that mental retardation is not a disease in itself it was obvious that the men from medical profession thought about working out means and methods of ameliorating the effects of the conditions leading to poor mental functioning.

The beginning of systematic attempts to educate children with mental retardation can be traced back to 1620. In this year, Juan Pablo, a Spanish Hebrew physician is reported to have made such an attempt in Spain. But as the Spanish citizenry was not ready for a change in their understanding of the handicapped persons they forced Pablo to abandon his work and leave Spain (Gearheart, 1975).

Jean Marc Gaspard Itard's work in 1799 gets the recognition of being the first systematic attempt which received the approval of others. Itard worked with
a boy later named as Juvenis Averioneais or Victor. Itard was a French physician who worked as the Director of National Institute of Deaf Paris.

Although nearly two centuries have passed since the work of Itard, it is interesting to note, that the basic aims of educating children with mental retardation have not changed greatly. The aims which Itard adopted for Victor were,

1. To interest him in social life.
2. To awaken his nervous system.
3. To extend the range of his thought.
4. To lead him to the use of speech.
5. To make him exercise simple mental operations to satisfy his physical needs. (Gearheart 1975)

What has been changing is the emphasis on one or the other aim adopted by Itard and means, methods and mediums of accomplishing the objectives derived from the aim.

Itard was a sensationalist. He understood intelligence as the product of sense impressions. Therefore lack of intelligence, to him, was an indication of lack of sense impressions. Hence he worked with the boy with the belief that through carefully selected sensory stimulation one can arouse the nervous system, produce sense impressions and thus initiate the functions of the mind. Itard worked with only a single child. This he did from 1799 to about 1808.
Itard's pupil and successor, Edouard Seguin (France) carried on with the work of educating mentally retarded children. He too was a sensationalist but in viewing mental retardation he differed slightly. To him mental retardation was a result of weakening/or damage to the nervous system. He therefore included, with emphasis, muscle training besides pure sensory stimulation. He worked with several children simultaneously in experimental classes. His methods yielded better results.

While Seguin worked in France, Johann Jacob Guggenhihi popularized education of mentally retarded children in an institutional form in Switzerland. His work was concentrated with only one type of mental retardation namely Cretinism. He gave emphasis on health and medical care besides sensory training. Although very popular in 1840s and 1850s, Guggenhihi's work turned out to be a failure. The failure was then attributed to mismanagement of his Institute. But probably the real reason for the failure can be the shortcomings of institutionalization of mentally retarded persons, a fact which has become evident from the researches conducted in the Twentieth century.

After such a failure which became known all over in Europe, a shift from institutional education to experimental education in ordinary schools was inevitable. This also caused the education of mentally retarded children to move out of the hands of physicians and into those of educationists. Special classes for mentally retarded children were established first in Germany (1870) and
later in Europe and America.

Maria Montessori (Italy) made a significant contribution since 1897. She viewed the problem of mental retardation primarily as an educational one and not as a medical one. She gave importance to didactic materials which facilitated sensory stimulation and muscle training. By using didactic material Montessori evolved a system by which children taught themselves. Although the approach had the restriction of using set material it continued to be used in the education of mentally retarded children because of its high pedagogical potentials.

O. Decroly (Belgium) studied the restrictions laid down in Montessori method and he developed an educational programme on the lines of unitary approach. His programme centred around the needs of the individual child. He included in the curriculum games and activities which helped in cultivating spontaneous attention and in increasing children's power of observation and discrimination.

Alice Descoedires (Belgium), an associate of Decroly brought about yet another shift. She pointed out that learning by doing or interacting with things of practical use for the individual is of maximum importance. She focused less on pure sensorial work and included progressive psychological methods which included perceptual
knowledge with sense training and individualization of instructions. She also laid great emphasis on the proper medical diagnosis of mentally retarded children.

Contemporary to Decroly and Descoedres, in the beginning of the twentieth century, was the work of Rudolf Steiner (Austria-England). His approach was more inclined towards instigating the spiritual development of mentally retarded persons through art and eurhythmics. Steiner's system of education is known as Curative Education (Morison, 1966). (Please refer to Appendix 2(a) for list of books by some of these pioneers).

Work done by individual scholars almost ceased soon after the beginning of the twentieth century. The importance of educating mentally retarded persons was widely acknowledged in Europe and America. Several institutions had begun providing care and education to such persons. The discipline which engaged in the education of these persons became identified as the discipline of Special Education.

Work in the field of Human Psychology brought out a great deal of information on several aspects of human functioning. This new information started having its influence on education in general. Three aspects from human-psychology have made an everlasting impact on Special Education. Out of these, Psychometry made its impact at the turn of the century while Cognitive Psychology and Behaviour Psychology made it subsequently.
Psychometry made it possible to measure various mental and physical skills of human beings. Alfred Binet (France) introduced the concept of 'mental age' in 1901. The methods of measuring global intelligence by using Binet's concept and the means for expressing it were improvised later by many others. This enabled the workers in the field to measure abilities of the mentally retarded persons and thus to classify retardation.

Standardized descriptions of mentally retarded persons at different levels of functioning were vitally required by the because several people from several disciplines had begun working in this field and they all required common terms of reference.

Well defined classifications were also required by the governments of various nations. This was because mentally retarded persons, their care, education and rehabilitation had started becoming the responsibility of the State in many western countries. Relevant legislations were adopted for carrying out these responsibilities effectively. The Education Act 1944 of the United Kingdom and various statewise and national laws adopted in America are very significant indications that the society was preparing to accept that it owed a responsibility towards the mentally retarded members.

Cognitive Psychology threw light on how an individual moves through the stages of receiving, appreciating and processing a meaning out of sensory stimuli and eventually forming a concept about the information provided
by the stimulus. Jean Piaget (after 1919) explained that the process is developmental. This influenced the curriculum planning for the ordinary as well as mentally retarded children. The importance of age-appropriateness in educative activities became an indispensable consideration.

On the other hand Behaviour Psychology threw light on how an individual responds to a stimulus. The response is both extrinsic or overt taking form of an action and intrinsic in form of gland secretions, heartrate etc. Behaviour Psychology explained further how factors outside the individual—mainly the behaviour of others—either worked towards making response to a stimulus a permanent behaviour of the individual or towards eliminating the response from the individual's repertoire of behaviours.

With the influence of Human Psychology and advances in Medical Science: e.g. life-saving and psychotropic drugs, it was inevitable that this field of mental retardation should draw the attention of researchers. Laboratory researches were carried out and are still being carried out in almost all aspects of mental retardation. Initially they mainly involved disciplines of Medical Science and Human Psychology. Thus mental retardation once again became the concern of medical profession.
The research findings of all these researches conducted until the late 1960s are not conclusively summarized. But as Clarke observes "...years of laboratory experiments and rehabilitation schemes have shown one matter with absolute clarity. The behaviour of a mentally subnormal can be modified in a systematic way, granted both time and appropriately skilled teaching" (Clarke, 1973).

Most of these researches were conducted in the United States of America. Elsewhere too, in United Kingdom, France, Canada, Australia and Scandinavian countries studies were conducted. Unfortunately a consequence of the practice of conducting laboratory research was the shift back to Institutional care which Guggenbiihl had first propounded.

These studies unfortunately did not prove to be beneficial to all the mentally retarded persons. Infact by 1960 parents of mentally retarded children in America were disgusted with the quality of care, and education which their children received especially those in residential institutions. They lobbied against it and created a strong public opinion against the state of affairs and the attitude of complacency at the institutions taking care of the mentally retarded persons. This put pressure on the American Government to review, reorganize and revitalize provisions of care, education, rehabilitation and research in the field of mental retardation. Similar reorganizations took place in some other countries too.
Not only did the parents express dissatisfaction, but several workers in the field too did the same. While they acknowledged some of the fundamental facts revealed by these studies, the behaviour scientists produced indisputable evidence against Institutionalization by studying the intellectual regression and social maladaptation caused by it.

The need to understand the behaviour of mentally retarded persons in their natural environments became a central issue in the field of research in mental retardation.

The research studies conducted after 1960s have had more value in terms of the influence they have on changing the outlook of Special Education. These studies, most of them multidisciplinary, extended the scope of Special Education to Vocational Training and Life Preparation for mentally retarded adults on one hand and to Early Intervention for infants carrying the risk of mental retardation on the other hand.

Owing to the professional and social pressures so created, a different framework of working for and with mentally retarded people evolved, developed and got practised. In Scandinavian countries the Principles of Normalization were formulated before 1970 and these were later promoted in America. In America itself the concept of Child Advocacy was formalized. In essence both the
frameworks solicit to accommodate the mentally retarded persons with the dignity due to ordinary persons in the society and in relation to the culture pertaining to that society. The social and political pressure created in this regard resulted in the United Nations Declaration of the Rights of Mentally Retarded Persons adopted by the U.N. General Assembly in December 1971. (Please refer to Appendix 2(b) for contents of the Declaration.)

As the result of importance given to (a) the preventive aspects of mental retardation by the medical profession and (b) the interactional aspect in the educative process for mentally retarded persons by other professions, the role of the parents in the programmes increased greatly. Early Intervention and that too at the child's home and with the participation of the parents became the essential mode of service. Parents thus became essential components of the education team, the rehabilitation team and the research works.
PART II IN INDIA

Knowledge regarding various disabilities including mental retardation was present in Ancient India. The Sage Charaka studied the phenomenon in details and postulated the causes of mental retardation (Balodhi, 1985). But there is no evidence in literature which indicates that some system of educating the mentally retarded person too existed at that time. It is possible that the scholars were forbidden to undertake any attempt to educate any type of disabled person, because of the preponderance of certain teachings about social systems.

If Manusmriti is seen as a reflection and summary of some of the prominent social teachings and practices of the time one can understand why the scholars did not go beyond discovering the causes of disabilities. Sage Manu does not give equal status to the disabled in a society. The mentally retarded persons and other disabled persons along with women, the aged and animals were put into a separate category and were thus discriminated as being unequal. They were debarred from participating in social functions of religious nature. Manu also recommended that these members of the society be given no share in inheritance (Bhat, 1963). It is easy to realize that it must have been impossible to even conceive the idea of providing education to these members. Knowledge is considered to be a heritage.
Unfortunately the influence of this doctrine which discriminated between men and women, able and disabled has stayed over for too long in this tradition-loving country and especially among the Hindu population of this country.

The first recorded work of caring and looking after the mentally retarded in India is in the name of a Muslim Pir, Shah Daula of Sialkot. He lived in the period around 1600 (Uday Shankar, 1976; Prabhu, 1983). Christian missionaries and other voluntary organizations are reported to have started caring for disabled persons especially the blind and the deaf from the middle of nineteenth century.

The first purposeful service of any sort meant exclusively for mentally retarded persons has been a special school established in 1944 by a Parsi individual. Mrs. Jai Hormusjee Vakeel founded the 'School for Children in Need of Special Care' in Bombay (Vakeel, undated).

More and more activities started getting established after 1955. Several other individuals, organizations and even the government initiated services exclusively for mentally retarded persons. The activities were started in various parts of India.

In 1979 there were a total of 150 institutes catering services to the mentally retarded persons. The services
provided by these institutes consisted of Clinical and Medical services, Allied medical services, Education (Special), Vocational Training, Vocational Rehabilitation, Sheltered Employment, Open Employment Services, Recreation, In-service Staff Training, Teacher Training and Research. But these institutes together catered to a maximum of 0.04 percent of the mentally retarded population of India. (Kothawala, 1979; Sinclair, 1979).

There has been a spurt in the number of institutes with programmes for mentally retarded persons since 1981, the International year of Disabled Person. But there has been a proportionate rise in the number of mentally retarded persons owing to the increase in overall population. Hence the services have not become sufficient. They hardly meet the needs of 0.05 percent of the mentally retarded population of India (D'souza, 1984). Even in 1986 the situation remains the same (Narsimhan, 1986).

Other than service organizations of local status, three organizations of national status have been established. These organizations are devoted to conducting activities exclusively in the interest of mentally retarded persons in India. These organizations are All India Association on Mental Retardation, Federation for the Welfare of Mentally Retarded (India), and Indian Association for Research in Mental Deficiency. The Federation is the most active among the three organizations.
The process of the State getting involved commenced in 1955. The first meeting of the National Advisory Council for Education of the Handicapped was convened in that year. The matter of education of the mentally retarded persons got discussed in the second meeting of the Council in 1957. The Council continued to meet and draw relevant policies until 1963.

In 1963 the Council was transferred from the Ministry of Education to the Ministry of Social Welfare of the Government of India. This transfer seems to have prompted a shift from importance of education to importance of welfare of the mentally retarded persons.

The Ministry of Social Welfare has been responsible for starting and maintaining day and residential schools, training and employment workshops, financial assistance to voluntary organizations and research projects, National Awards to employers of mentally retarded persons, and to mentally retarded employees, and activities for training of manpower to work in the field.

The Central Government usually executes these functions and directs funds through the ministry of Social Welfare or Social Defence of the state governments. Of course all these efforts fall short in comparison to the magnitude of the need.
In 1979 on the initiative of the Directorate General of Health Services (India) and with the co-sponsorship from the World Health Organization and All India Institute of Medical Sciences, New Delhi, an Experts' Group on National Planning for Mentally Handicapped met and submitted their recommendations to the Ministry of Social Welfare, Government of India. These recommendations yielded a plan of action for the Ministry of Social Welfare. The plan of action has been implemented since the International Year of the Disabled Person—1981.

As a part of the Plan of action, in 1983 the National Council for Handicapped Welfare was established. This Council addressed the issues of the mentally retarded along with those of other disabilities. A sequel to this Council is the action of forming resource centres at national level, one each for the various types of disabilities.

The National Institute of Mental Handicap established at Secunderabad in 1985 is one such Institute. It has currently identified some very relevant priorities in the context of mental handicap in urban as well as rural sections of India and is launching programmes accordingly (N.I.M.H., 1985).

However, in spite of all these efforts on the part of the government, there is one basic issue about which the government seems to remain ignorant or indifferent. It has not moved any Act or got passed any legislation of any
description in the context of mentally retarded persons. In fact even in 1986 mentally retarded persons in India are governed by the Indian Lunacy Act of 1912. This Act equates the mentally retarded person with the psychiatrically abnormal person. Instead of providing for the protection of mentally retarded person's rights it makes provision for society's protection from mentally retarded persons (Sinclair, 1979; Joshi, 1984; Naik, 1984). A new Mental Health Bill is reported to have got introduced in the Rajyasabha which will make clear that Mental Retardation is different from Mental Illness (F.W.M.R. (I) Newsletter, 1986) but it is not clear if this Bill will give mentally retarded persons the rights declared in the Declaration of the U.N. General Assembly.

Summary
This chapter is a historical account of how services for the mentally retarded persons developed. The general direction of the movement of the society has been towards greater understanding and acceptance of the mentally retarded person in society. The education of such persons has not remained the concern and interest of only a few but evolved as a discipline of Special Education which is working in close association with other disciplines in the field. The chapter is divided into two parts. The first part gives the account of development of services in the world. The second part highlights the development in India.
REFERENCES.

Balodhi, J. Mental Retardation in Ancient Indian Thought. New Delhi: In Souvenir of 7th World Congress of International Association for the Scientific Study of Mental Deficiency, 1985.


D’Souza, F. Working For the Handicapped. Newsletter Federation for the Welfare of Mentally Retarded (India), 1984; 10(3).


RESOURCE READING.


Clarke, A. & Clarke, A. Mental Deficiency the Changing Outlook London: Methuen, 1974.


Lebenshilfe-Fur-Behinderte (Austrian National Society for the Mentally Handicapped). The Person with a Mental Handicap in Austria. Newsletter Federation for the Welfare of Mentally Retarded (India), 1984; 10(2,4,5,6,7).


